



COBB COUNTY EMERGENCY MANAGEMENT AGENCY

140 North Marietta Parkway
Marietta, Georgia 30060
(770) 499-4567 • fax: (770) 499-4558

David Hankerson
Director

Lanita A. Lloyd
Deputy Director

Annual Criminal History Waiver for Community Emergency Response Teams (CERT)

I do hereby authorize the Cobb Emergency Management Agency, Cobb County Department of Public Safety and/or the Cobb County Police Department to receive any criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia or any other state or jurisdiction. By signing below, I do hereby consent to this annual criminal history check and also release Cobb County Government from any liability or damage which may result from obtaining any criminal history information pertaining to me. I acknowledge that a felony conviction will place me in a revoked status, and I will not be eligible for future training or team eligible status for CERT.

(Please print)

_____ Last Name	_____ First Name	_____ Middle	_____ Maiden
_____ Street Number and Street Name		_____ City, State, Zip Code	
_____ Social Security Number	_____ Date of Birth	_____ Race	_____ Gender
_____ Applicant Signature		_____ Date	
_____ Witness Signature			

For Departmental Use Only

Investigator Name: _____

Date of Criminal History Check: _____

Status: Approved _____ Disqualified _____

4/16/09